



## INQUIRY TO INDIAN TRIBE, BAND, OR NATION, AND NOTICE OF INCARCERATION OF A YOUTH

To: \_\_\_\_\_

File No. \_\_\_\_\_

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The youth named above has been placed in the facility named below. This agency recently received information regarding the possible "Indian status" for the above referenced youth. This youth has been sentenced to the Juvenile Rehabilitation Administration

(JRA) by a juvenile court for \_\_\_\_\_. This youth will serve his/her sentence at \_\_\_\_\_ facility. We have enclosed a copy of the Court Order for your reference.

We would like your assistance in coordinating appropriate services and transition planning for this youth. I have attached a family ancestry chart regarding the youth's family and Indian ancestry. The Juvenile Rehabilitation Administration recognizes the importance of coordinating with tribes when working with tribal members who may be in JRA facilities. It is the intent of JRA to work with tribes on a "government to government" basis.

The JRA would like to inquire about the youth's "Indian status." The law in Washington State defines an "Indian child" as a person under the age of 18 years who is one of the following.

1. An enrolled Indian: a) any person who is enrolled or eligible for enrollment in a recognized tribe; or b) any person determined, or eligible to be found, to be an Indian by the Secretary of the Interior; or c) an Eskimo, Aleut or other Alaskan native.
2. A Canadian Indian: any person who is a member of a treaty tribe, Metis community or non status Indian community from Canada.
3. An unenrolled Indian: a person considered to be an Indian by a federally recognized or non-federally recognized Indian/Alaska native community organization.

*Non Federally recognized tribes in Washington include the Chinook, the Cowlitz, the Duwamish, and the Marietta Nooksack Band of Washington.*

The JRA is requesting your assistance to confirm the following information in order to help establish whether the youth meets any of the above definitions, please answer the following questions.

1. Is the youth presently a tribal member? ☐ Yes; tribe name: \_\_\_\_\_ enrollment number: \_\_\_\_\_ ☐ No  
Is the youth eligible for tribal membership? ☐ Yes ☐ No
2. Mother's name: \_\_\_\_\_ Mother's date of birth: \_\_\_\_\_  
Is mother presently a tribal member? ☐ Yes; tribe name: \_\_\_\_\_ enrollment number: \_\_\_\_\_ ☐ No  
Is the mother eligible for tribal membership? ☐ Yes ☐ No
3. Father's name: \_\_\_\_\_ Father's date of birth: \_\_\_\_\_  
Is father presently a tribal member? ☐ Yes; tribe name: \_\_\_\_\_ enrollment number: \_\_\_\_\_ ☐ No  
Is the father eligible for tribal membership? ☐ Yes ☐ No
4. Regardless of the youth's formal membership status, does the tribe consider the youth to be Indian? ☐ Yes ☐ No  
Explain: \_\_\_\_\_

5. What issues need to be addressed in order to complete a treatment/intervention plan for this youth (i.e., include tribal services, Bureau of Indian Affairs (BIA) services, or Indian Health Service (IHS) services, etc.)?
6. The JRA will be completing a transition plan before the youth completes his or her sentence in our facility. It is the goal of JRA to have a transition plan that will help youth return to their community and that will help assure they do not return to a life of crime. What are some of the areas that need to be addressed in order to complete the transition plan for this youth (i.e., include tribal services, BIA services, or IHS services, etc.)?
7. The JRA is dedicated to providing culturally relevant and appropriate services to this youth. What are some of the cultural needs or service needs that should be considered for this youth? Can we contact someone in the tribe, or BIA, or IHS for additional information to help meet the needs of this youth?

Your earliest response will be most appreciated. If you need additional information in order to determine the youth's Indian status, please contact the facility listed below.

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CONTACT NAME

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FACILITY NAME

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ADDRESS

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CITY

STATE

ZIP CODE

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TELEPHONE NUMBER

Thank you for your assistance. Please return this form and address future correspondence to the above facility.

Sincerely,

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Attach: Family Ancestry Chart, DSHS 04-220(X)  
Court Order  
Consent form

**DISTRIBUTION:** Youth's Tribe; Case File; Regional Working File